



Health Alert Network Message 23-04: Update on *Candida auris* in Louisiana

Origination Date:

April 4, 2023

Revision Dates (List All Revision Dates):

Update on *Candida auris* in Louisiana

Key Messages

- Since the first cases of *Candida auris* (*C. auris*) were detected in Louisiana in January 2022, 50 cases (15 clinical and 35 screening) have been identified in the state. Nationwide, *C. auris* has spread at an alarming rate with increasing anti-fungal resistance.
- *C. auris* continues to be an urgent public health threat for high-risk patients, with a 30% to 60% case fatality rate in the United States.
- Prompt reporting of cases, collaboration with the Office of Public Health (OPH), and good infection control practices are necessary to prevent its spread. Colonization screenings to detect asymptomatic colonized patients are critical in this response.

Situation Update

C. auris, an emerging fungus considered an urgent antimicrobial resistance (AR) threat, spread at an alarming rate in U.S. healthcare facilities in 2020-2021, according to data from the Centers for Disease Control and Prevention (CDC) published in the *Annals of Internal Medicine*. Equally concerning was a tripling in 2021 of the number of cases that were resistant to echinocandins, the first-line therapy for this pathogen.

C. auris has spread in the United States since it was first reported in 2016, with a total of 3,270 clinical cases (in which infection is present) and 7,413 screening cases (in which the fungus is detected but not causing infection) reported through December 31, 2021. From 2020 to 2021, clinical cases increased by 95% and screening cases tripled. During 2019-2021, 17 states identified their first *C. auris* case ever.

In the United States, *C. auris*-associated mortality ranges from 30% to 60%. The overall attributable mortality rate is difficult to discern due to comorbidities. The majority of *C. auris* cases in Louisiana have been from the Greater New Orleans area.

In general, *C. auris* is not a threat to healthy people. People who are very sick, have invasive medical devices, or have long or frequent stays in healthcare facilities are at increased risk for acquiring *C. auris*. Health care transmission is responsible for most, if not all, cases.

Reporting and Public Health Response

C. auris, as well as [common misidentifications of *C. auris*](#), are Class A Reportable Diseases with reporting required within 24 hours to the Infectious Disease Epidemiology (IDEpi) Clinician Hotline: **1-800-256-2748**.

The Louisiana OPH Healthcare-associated Infections and Antibiotic Resistance (HAI/AR) Program will respond by working closely with affected healthcare facilities to review infection control practices and discuss implementation of strategies for colonization screenings for high-risk patients. Colonized individuals may go on to develop invasive infection. Asymptomatic colonized individuals can still spread the organism to vulnerable persons. Screening is critical in preventing spread so that infection prevention control measures can be applied. Colonization screenings are done in consultation with public health, beginning with targeting patients at highest risk of exposure. If additional cases are detected, screening may be expanded to assure identification of all colonized individuals at the facility. In general, colonization screenings are indicated for healthcare exposures within 30 days of identification of *C. auris*, per CDC's [multi-drug resistant organisms \(MDROs\) containment guidance](#).

Colonization screenings are available at no-cost to facilities, and testing is completed by CDC's Antimicrobial Resistance Laboratory Network (ARLN). The HAI/AR Program will provide guidance related to specimen collection and liaise with ARLN on behalf of facilities. Facility staff are responsible for collecting screening specimens, but materials and shipping costs are provided through CDC and coordinated by OPH. Screening for *C. auris* consists of a single swab of patients' bilateral axilla and groin. Multiple rounds of testing are performed weekly or biweekly among previously negative patients. Colonization screenings are typically discontinued when there have been at least two consecutive rounds of testing with no new cases detected. Screening results are for surveillance and infection control purposes only. Healthcare providers and family members do not need to be screened for *C. auris*.

There are currently no data on the efficacy of decolonization for patients with *C. auris*, such as the use of chlorhexidine or topical antifungals. Colonization may be persistent and/or intermittent, and those with clinical infection may remain colonized after treatment. Therefore, clearance testing is not recommended.

If a patient is infected or colonized with *C. auris*, this should be flagged in their medical record and appropriate Transmission-based Precautions (TBP) should be used for the duration of their admission in a healthcare facility. In acute care settings, indicated TBP are Standard and Contact Precautions. In nursing facilities, Standard and Enhanced Barrier Precautions should be used, and patient isolation is not required as long-term stays are anticipated. Healthcare facilities should not refuse care to a patient because of *C. auris* status. Rigorous adherence to infection prevention and control practices will prevent any spread.

C. auris may persist on surfaces for weeks and products with *C. albicans* or fungicidal claims may not be effective. Quaternary ammonia compounds are not effective. Disinfectants from the Environmental Protection Agency's [List P](#) should be used for daily and terminal cleaning of care areas and reusable medical equipment.

Healthcare facilities are highly interconnected through shared patient populations. Containment of resistant organisms such as *C. auris* is a national problem and requires healthcare facilities and public health agencies to work together to prevent transmission. For more information, please refer to the resources provided below and contact the HAI/AR Program at HAI@LA.Gov.

Resources:

- Meghan Lyman, Kaitlin Forsberg, D. Joseph Sexton, et al. [Worsening Spread of *C. auris* in the United States, 2019 to 2021](#). Ann Intern Med. [Epub 21 March 2023]. doi:[10.7326/M22-3469](#)
- [CDC *C. auris* Information for Laboratorians and Health Professionals](#)
- [CDC FAQ about Screening for *C. auris*](#)
- [EPA List P: Antimicrobial Products Registered with EPA for Claims Against *C. auris*](#)

- [CDC PPE Use in Nursing Homes to Prevent Spread of MDROs \(Enhanced Barrier Precautions\)](#)